

Foster Family Home - Corrective Action Report

Provider ID: 1-140029

Home Name: Melanie Valera, RN

Review ID: 1-140029-7

94-1147 Kaloli Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/27/2019

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/27/19.

Corrective Action Report issued during home inspection with all items due to CTA by 10/27/19.

6.(d)(1)- see applicable section of the review.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3),(c)(1),(c)(2)- CCFFH Admission Policy and Agreement has no signature of POA/Guardian and CG#1 upon admission of Client #1; for Client #2 CCFFH Admission Policy and Agreement has no signature of client and CG#1.

Foster Family Home	Grievance	[11-800-45]
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45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1),(2),(3)- No signatures of Clients/POA/Guardian and CG#1 on CCFFH Admission Policy and Agreement for Client #1 and Client #2 upon admission.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No fire drills documentation for the months of May 2019, June 2019, July 2019, August 2019.

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Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a),(b)(1)- No signatures of Clients/POA/Guardian and CG#1 on CCFFH Admission Policy and Agreement upon admission for Client #1 and Client #2.

Maikel Makamine, MA

Compliance Manager

Chloe

Primary Care Giver

9/27/19

Date

9/27/19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Melanie Valera

CCFFH Address: 94-1147 Kaloli Loop, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(3), (c)(1), (c)(2)	I informed client #1 and client #2 of their confidentiality practices by explaining the CCFFH Admission Policy and Agreement in writing and verbal explanation	09/27/19	Home understands the importance and requirements upon admission that the CCFFH Admission Policy and Agreement is done upon admission. Home will create a check list of necessary documents to refer to.
45.(1), (2), (3)	I informed the clients of their grievance policies and procedures and the right to appeal in writing and verbal explanation.	09/27/19	

Primary Caregiver's Signature: Melanie Valera

Print Name: MELANIE VALERA

Date of Signature: 10/27/2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Melanie Valera

CCFFH Address: 94-1147 Kaloeli Loop Waimanalo, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(a)	Lapse can not be corrected for Fire Drills on the months of May 2019, June 2019, August 2019. However, Home conducted the next Fire Drills on September 29, 2019. Form has been put into home binder.	09/29/19	Fire Drills will be done each month. Home developed a schedule and has it posted on the refrigerator
53.(a), (b)(1)	I informed client #1 and client #2 of their confidentiality practices by explaining the CCFFH Admission Policy and Agreement in writing and verbal explanation.	09/27/19	Home understands the importance and requirements upon admission that the CCFFH Admission Policy and Agreement is done upon admission. Home will create a checklist of necessary documents to refer to.

Primary Caregiver's Signature: _____

Melanie Valera

Print Name: MELANIE VALERA

Date of Signature: 10/27/2019